

## **BACKGROUND INVESTIGATION CONSENT FORM**

With regard to my application for alcoholic beverage license or permit, I hereby authorize the <u>City of Stonecrest Business & Alcohol License Office</u> to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Last Name	ast Name First Name		Middle Name	
Maiden Name/Prev	ious Name/Alias Info			
Street Address		City	State	Zip
Business Name				
Business Address		City	State	Zip
	/ /			
Sex Race	Date of Birth	So	ocial Security	Number
Are you a US Citizen? Yes / No  IF no, you will need to have your Green Card available Country of Birth			Telephone Number	
		<i>y</i> 01 2 1 <b>0</b> 1		-10 01
Applicant Signature			Date	
	(Not Valid after more	than 90 days	<b>s</b> )	
*******	*********	******	******	******
For Staff Use Only:				
	Check & Fingerprints (No Permit F	•		
	Check (No Permit Required)			•
	ouring Permit (Photo, Background Check, Fingerprints)-Issue to Applicant (Expire 1 year) ecord Attached No Record Date Employee Completin			